



300 CHAPTER OVERVIEW

This chapter provides information about the acute care services that are covered by the AHCCCS. The AHCCCS acute care program offers comprehensive preventive, acute and behavioral health care services with limited coverage of rehabilitative services, home health care and long term care, as specified in Arizona Administrative Code Title 9, Chapter 22, Article 2. The latter services are covered more extensively through the Arizona Long Term Care System (ALTCS). All covered services must be medically necessary and provided by a primary care provider, or other qualified providers as defined in [Chapter 600](#) of this Manual. Out-of-state services are covered as provided for under Title 42 of the Code of Federal Regulations, Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states, and services needed due to a medical emergency. Services furnished to AHCCCS members outside the United States are not covered. AHCCCS will not register providers who are located outside the United States.

Note: In relation to services provided outside of the United States, for purposes of Chapter 300, Chapter 1200, and Chapter 1600, “United States” (U.S.) includes the 50 states of the U.S., the District of Columbia, and the U.S. Territories (Puerto Rico, U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands).

This chapter does not discuss maternal and child health services or services provided through the Federal Emergency Service Program (FESP). Maternal and child health services, including the KidsCare program (Title XXI), are described in [Chapter 400](#). FESP services are described in [Chapter 1100](#).

Exhibit 300-1 identifies covered AHCCCS acute care program services and Exhibit 300-2 identifies covered behavioral health services for Title XIX and Title XXI members.

The remaining pages of this chapter provide a description and a discussion of the amount, duration and scope limitations based on member eligibility and/or member age for AHCCCS acute care program services. Prior authorization (PA) requirements for covered services are not provided in this chapter.



AHCCCS PA requirements for covered services provided by Contractors are focused on inpatient hospital services and AHCCCS requires Contractors to implement an appropriate PA procedure for inpatient hospital services. AHCCCS also encourages Contractors to implement PA and utilization management methods for other services as appropriate. Specific Contractor PA requirements are not identified in this Manual; for details regarding Contractor PA requirements for specific services, contact the Contractor.

If a service requiring PA is denied by a Contractor or by AHCCCS Administration, notice of action must be provided to the member in accordance with Arizona Administrative Code Title 9, Chapter 34 (9 A.A.C. 34).

AHCCCS requires Division of Fee for Service Management (DFSM) PA for many covered acute services that are provided to a fee-for-service (FFS) member, (i.e., a member not enrolled with a Contractor). Exceptions include emergency services including emergency dental and behavioral health services.

AHCCCS PA requirements for services provided to FFS members are specified in [Chapter 800](#). Refer to the PA section of Policy 810 for information regarding requirements for notification of FFS providers and FFS members if PA is denied. Refer to the concurrent review section of Policy 810 for information related to approval or denial of the continuation of inpatient hospital services for FFS members.

Refer to [Chapter 1600](#) for information on ALTCS program covered services that require PA.

Refer to the AHCCCS FFS Provider Manual and the Encounter Reporting User Manual for complete information regarding claim and encounter reporting procedures for covered services. These manuals are both available on the AHCCCS Web site (www.ahcccs.state.az.us).



● **REFERENCES**

1. Title 42, Code of Federal Regulations (42 CFR) Part 440 (Services, General Provisions)
2. Arizona Revised Statutes (A.R.S.) Title 36, Chapter 29, Articles 1-5
3. Arizona Administrative Code (A.A.C.) Title 9, Chapter 22, 28 and 31
4. Chapter 100 of this Manual includes 42 CFR, State Statute and Rule citations related to services and settings addressed in the Chapter.
5. Chapter 600 of this Manual, Exhibit 610-1, includes 42 CFR, State Statute and Rule citations related to provider requirements.
6. AHCCCS Contracts
7. AHCCCS memo dated September 4, 1997, entitled "Medicaid Payments for Foreign Country Providers".